

**Exhibit C: 107 New Dental Service Codes Covered with Cost-Sharing Eff. February 1, 2024**

Procedure Code	Procedure Description	Category	Frequency Limitation & other benefit details
D0160	detailed and extensive oral evaluation – problem focused, by report	Diagnostic	Benefit is limited to once per provider per lifetime and is included as part of the oral evaluation limitations of your program (2 per calendar year). <i>Subsequent submissions of procedure of D0160 considered to be the equivalent of periodic oral evaluations (D0120).</i>
D0171	re-evaluation – post-operative office visit	Diagnostic	Benefit is limited to two problem focused evaluations within a calendar year. <i>The fee for procedure D0171 is included in the fee for procedure D0170 when performed by the same dentist/dental office who performed the original D0170; Procedure D0171 is denied if submitted by a different dentist/dental office and the fee is the patient's responsibility.</i>
D0190	screening of a patient	Diagnostic	Benefit is limited to once within a 12-month period, and once per provider per lifetime. <i>When covered by individual group/contract only one of either procedure D0190 or D0191 reported individually is allowable once per a 12 month period. Subsequent submissions within 12 months the fee is the patient's responsibility.</i> <i>The fee for procedure D0190 is included in the fee for any other examination procedure performed on the same date of service by the same dentist/dental office.</i>
D0191	assessment of a patient	Diagnostic	Benefit is limited to once within a 12-month period, and once per provider per lifetime. <i>When covered by individual group/contract only one of either procedure D0190 or D0191 reported individually is allowable once per a 12 month period. Subsequent submissions within 12 months the fee is the patient's responsibility.</i> <i>The fee for procedure D0190 is included in the fee for any other examination procedure performed on the same date of service by the same dentist/dental office.</i>

<b>D0350</b>	2D oral/facial photographic image obtained intra-orally or extra-orally	Diagnostic	Benefit is limited to once per case in conjunction with covered orthodontic services. <i>When procedure D0350 is provided for non-orthodontic reasons or for a patient without orthodontic benefits, the cost is the patient's responsibility. Fees for additional D0350 by the same dentist/dental office may not be charged to the patient or Delta Dental.</i>
<b>D0364</b>	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	Diagnostic	Benefit is limited to once within a 12 month period.
<b>D0365</b>	Cone Beam CT capture and interpret. With field of view of one full dental arch - mandible.	Diagnostic	Benefit is limited to once within a 12 month period.
<b>D0366</b>	Cone Beam CT capture and interpret. With field of view of one full dental arch - maxilla, with or without cranium.	Diagnostic	Benefit is limited to once within a 12 month period.
<b>D0367</b>	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Diagnostic	Benefit is limited to once within a 12 month period.
<b>D0383</b>	cone beam CT image capture with field of view of both jaws, with or without cranium	Diagnostic	Benefit is limited to once within a 12 month period
<b>D0391</b>	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report.	Diagnostic	Benefit is limited to once within a 12 month period.
<b>D0431</b>	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Diagnostic	Benefit is limited to once within a 12 month period, and limited to persons age 40 and over.
<b>D0460</b>	pulp vitality tests	Diagnostic	Benefit is limited to once with a 30 day period. <i>Payable per visit only for the purpose of diagnosing an emergency condition in conjunction with D0140 (limited oral evaluation- problem focused), D9110 (palliative treatment), radiographic images, consultation (D9310) or sedative filling (D2940).</i>
<b>D0470</b>	diagnostic casts	Diagnostic	Benefit is limited to once per lifetime.
<b>D0502</b>	other oral pathology procedures, by report	Diagnostic	Benefit is based on professional determination.
<b>D0601</b>	caries risk assessment and documentation, with a finding of low risk	Diagnostic	The frequency for risk assessments are subject to a contractual time limitation, and vary by group contract. <i>The dentist must utilize a recognized caries risk assessment tool to record data and document results.</i> <i>The fee for risk assessment is included in the fee for procedure D0145 for patients under three years of age. A separate fee may not be charged to the patient. The fee for subsequent risk assessment within 12-mos of original risk assessment are included in the fee for the original risk assessment.</i>

<b>D0602</b>	caries risk assessment and documentation, with a finding of moderate risk	Diagnostic	The frequency for risk assessments are subject to a contractual time limitation, and vary by group contract. <i>The dentist must utilize a recognized caries risk assessment tool to record data and document results.</i> <i>The fee for risk assessment is included in the fee for procedure D0145 for patients under three years of age. A separate fee may not be charged to the patient. The fee for subsequent risk assessment within 12-mos of original risk assessment are included in the fee for the original risk assessment.</i>
<b>D0603</b>	caries risk assessment and documentation, with a finding of high risk	Diagnostic	The frequency for risk assessments are subject to a contractual time limitation, and vary by group contract. <i>The dentist must utilize a recognized caries risk assessment tool to record data and document results.</i> <i>The fee for risk assessment is included in the fee for procedure D0145 for patients under three years of age. A separate fee may not be charged to the patient. The fee for subsequent risk assessment within 12-mos of original risk assessment are included in the fee for the original risk assessment.</i>
<b>D1310</b>	nutritional counseling for control of dental disease	Preventive	Benefit is limited to twice within a calendar year.
<b>D1330</b>	oral hygiene instructions	Preventive	Benefit is limited to twice within a calendar year.
<b>D1354</b>	application of caries arresting medicament - per tooth	Preventive	Benefit is limited to twice per tooth within a calendar year.
<b>D1551</b>	re-cement or re-bond bilateral space maintainer – maxillary	Preventive	Benefit is limited to once within a 12 month period; Child up to and not including age 14
<b>D1552</b>	re-cement or re-bond bilateral space maintainer – mandibular	Preventive	Benefit is limited to once within a 12 month period; Child up to and not including age 14
<b>D1553</b>	re-cement or re-bond unilateral space maintainer – per quadrant	Preventive	Benefit is limited to once within a 12 month period; Child up to and not including age 14
<b>D1556</b>	removal of fixed unilateral space maintainer – per quadrant	Preventive	Benefit is limited to once per provider per day; Child up to and not including age 14. <i>Removal of a fixed space maintainer is considered to be part of, and included in the fee for, the space maintainer. Special consideration will be given when procedure D1556 is performed by a different dentist/dental office.</i>
<b>D1557</b>	removal of fixed bilateral space maintainer – maxillary	Preventive	Benefit is based on professional determination; Child up to and not including age 14.
<b>D1558</b>	removal of fixed bilateral space maintainer – mandibular	Preventive	Benefit is based on professional determination; Child up to and not including age 14.
<b>D2390</b>	resin-based composite crown, anterior	Basic Restorative	Benefit is limited to once per tooth within a 5 year period. Limited to 16 years and older.

<b>D2915</b>	re-cement or re-bond indirectly fabricated or prefabricated post and core	Basic Restorative	Benefit is limited to once per tooth per lifetime. <i>Recementation of crowns, inlays, onlays or bridges is included in the fee for the crown, inlay, onlay or bridge when performed by the same dentist or dental office within six months of the initial placement.</i>
<b>D2921</b>	reattachment of tooth fragment, incisal edge or cusp	Basic Restorative	Benefit is limited to once per tooth per provider within a 24 month period.
<b>D2955</b>	post removal	Major Restorative	Benefit is based on professional determination.
<b>D2971</b>	additional procedures to customize a crown to fit under an existing partial denture framework.	Major Restorative	Benefit is limited to once per tooth within a 5 year period.
<b>D3120</b>	pulp cap – indirect (excluding final restoration)	Endodontics	Benefit is based on professional determination.
<b>D3230</b>	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	Endodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D3240</b>	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	Endodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D3331</b>	treatment of root canal obstruction; non-surgical access	Endodontics	Benefit is based on professional determination.
<b>D3333</b>	internal root repair of perforation defects	Endodontics	Benefit is based on professional determination.
<b>D3428</b>	bone graft in conjunction with periradicular surgery – per tooth, single site	Endodontics	Benefit is limited to once per tooth within a 3 year period.
<b>D3429</b>	bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	Endodontics	Benefit is limited to once per tooth within a 3 year period.
<b>D4212</b>	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Surgical Periodontics	Benefit is limited to once within a 5 year period.
<b>D4263</b>	bone replacement graft – retained natural tooth – first site in quadrant	Surgical Periodontics	Benefit is limited to once within a 5 year period.
<b>D4264</b>	bone replacement graft – retained natural tooth – each additional site in quadrant	Surgical Periodontics	Benefit is limited to once within a 5 year period.
<b>D4265</b>	biologic materials to aid in soft and osseous tissue regeneration, per site	Surgical Periodontics	Benefit is limited to once within a 5 year period.
<b>D4266</b>	guided tissue regeneration, natural teeth – resorbable barrier, per site	Surgical Periodontics	Benefit is limited to once within a 5 year period.
<b>D4267</b>	guided tissue regeneration, natural teeth – non-resorbable barrier, per site	Surgical Periodontics	Benefit is limited to once within a 5 year period.
<b>D4268</b>	surgical revision procedure, per tooth	Surgical Periodontics	Benefit is limited to once within a 5 year period.
<b>D4270</b>	pedicle soft tissue graft procedure	Surgical Periodontics	Benefit is limited to once within a 5 year period.
<b>D4278</b>	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	Surgical Periodontics	Benefit is limited to once within a 5 year period.
<b>D4283</b>	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Surgical Periodontics	Benefit is limited to once per tooth within a 3 year period. <i>Benefit available only when performed on natural teeth; not a benefit in conjunction with extractions, extraction sites or implant procedures.</i>

<b>D4285</b>	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Surgical Periodontics	Benefit is limited to once per tooth within a 3 year period. <i>Benefit available only when performed on natural teeth; not a benefit in conjunction with extractions, extraction sites or implant procedures.</i>
<b>D4355</b>	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Non-Surgical Periodontics	Benefit is limited to once per lifetime. <i>Following active periodontal therapy, allow completion of a 30 day post-operative period before performing this procedure.</i> <i>D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.</i>
<b>D4381</b>	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Non-Surgical Periodontics	Benefit is limited to one tooth within a 24 month period.
<b>D4921</b>	gingival irrigation with a medicinal agent – per quadrant	Non-Surgical Periodontics	Benefit is based on professional determination.
<b>D5227</b>	immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	Prosthodontics	Benefit is limited to once within a five year period.
<b>D5670</b>	replace all teeth and acrylic on cast metal framework (maxillary)	Prosthodontics	Adjustments are limited to once within a 12 month period. <i>Any adjustment or repair made to a denture within six months of installation is included in the fee for the original treatment.</i>
<b>D5671</b>	replace all teeth and acrylic on cast metal framework (mandibular)	Prosthodontics	Adjustments are limited to once within a 12 month period. <i>Any adjustment or repair made to a denture within six months of installation is included in the fee for the original treatment.</i>
<b>D5710</b>	rebase complete maxillary denture	Prosthodontics	Benefit is limited to twice per arch within a 12 month period. <i>Any adjustment or repair made to a denture within six months of installation is included in the fee for the original treatment.</i>
<b>D5711</b>	rebase complete mandibular denture	Prosthodontics	Benefit is limited to twice per arch within a 12 month period.
<b>D5720</b>	rebase maxillary partial denture	Prosthodontics	Benefit is limited to twice per arch within a 12 month period.
<b>D5721</b>	rebase mandibular partial denture	Prosthodontics	Benefit is limited to twice per arch within a 12 month period.
<b>D5820</b>	interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	Prosthodontics	Benefit is limited to once per arch within a 5 year period. <i>An interim partial denture is covered only to replace extracted anterior permanent teeth during the healing period. If provided for other circumstances, the patient is responsible for the cost.</i> <i>Delta Dental considers the fee for an interim partial denture to include the fee for all teeth and clasps.</i>

<b>D5821</b>	interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	Prosthodontics	Benefit is limited to once per arch within a 5 year period. <i>An interim partial denture is covered only to replace extracted anterior permanent teeth during the healing period. If provided for other circumstances, the patient is responsible for the cost.</i> <i>Delta Dental considers the fee for an interim partial denture to include the fee for all teeth and clasps.</i>
<b>D5875</b>	modification of removable prosthesis following implant surgery	Prosthodontics	Benefit is limited to once within a 5 year period.
<b>D6010</b>	surgical placement of implant body: endosteal implant	Prosthodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D6013</b>	surgical placement of mini implant	Prosthodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D6055</b>	connecting bar – implant supported or abutment supported	Prosthodontics	Benefit is limited to once per arch within a 5 year period.
<b>D6056</b>	prefabricated abutment – includes modification and placement	Prosthodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D6080</b>	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Prosthodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D6081</b>	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Prosthodontics	Benefit is limited to once per tooth within a 24-mo. period.
<b>D6089</b>	Implant tightening and retorquing	Prosthodontics	Benefit is covered once every 24 months. - <i>The fee for D6089, when done on the same date of service, by the same dentist/dental office as D6080, implant maintenance, or D6090, repair implant supported prosthesis, is not billable to the patient.</i> - <i>The fee for this procedure is included in the fee for the placement of an implant supported prosthesis (D6058-D6077, D6082-D6084, D6086-D6088, D6094, D6097-D6099, D6120-D6123, D6194, 6195, D6110-D6117), within the first six months of placement of that implant prosthesis.</i>
<b>D6090</b>	repair implant supported prosthesis, by report	Prosthodontics	Benefit is limited to once within a 5 year period.
<b>D6091</b>	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Prosthodontics	Benefit is limited to once within a 5 year period.
<b>D6095</b>	repair implant abutment, by report	Prosthodontics	Benefit is based on professional determination.
<b>D6096</b>	remove broken implant retaining screw	Prosthodontics	Benefit is limited to once per tooth per provider within a 5 year period.
<b>D6100</b>	surgical removal of implant body	Prosthodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D6101</b>	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Prosthodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D6102</b>	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Prosthodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D6104</b>	bone graft at time of implant placement	Prosthodontics	Benefit is limited to once per tooth within a 5 year period.
<b>D6548</b>	retainer – porcelain/ceramic for resin bonded fixed prosthesis	Prosthodontics	Benefit is limited to once per tooth within a 5 year period; Limited to 16 years and older.

<b>D6601</b>	retainer inlay – porcelain/ceramic, three or more surfaces	Prosthodontics	Benefit is limited to once per tooth within a 5 year period; Limited to 16 years and older.
<b>D6609</b>	retainer onlay – porcelain/ceramic, three or more surfaces	Prosthodontics	Benefit is limited to once per tooth within a 5 year period; Limited to 16 years and older.
<b>D6940</b>	stress breaker	Prosthodontics	Benefit is limited to once per quadrant within a 5 year period.
<b>D7270</b>	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Oral Surgery	Benefit is limited to once per tooth per lifetime.
<b>D7282</b>	mobilization of erupted or malpositioned tooth to aid eruption	Oral Surgery	Benefit is limited to once per tooth per lifetime.
<b>D7465</b>	destruction of lesion(s) by physical or chemical method, by report	Oral Surgery	<i>Medical is primary for this service</i>
<b>D7910</b>	suture of recent small wounds up to 5 cm	Oral Surgery	<i>Medical is primary for this service.</i>
<b>D7911</b>	complicated suture – up to 5 cm	Oral Surgery	<i>Medical is primary for this service.</i>
<b>D7912</b>	complicated suture – greater than 5 cm	Oral Surgery	<i>medical is primary for this service</i>
<b>D7920</b>	skin graft (identify defect covered, location and type of graft)	Oral Surgery	Benefit is limited to once per tooth per lifetime.
<b>D7943</b>	osteotomy – mandibular rami with bone graft; includes obtaining the graft	Oral Surgery	<i>This procedure is a benefit only with orthodontic coverage. Payment will be applied to the patient's orthodontic lifetime maximum.</i>
<b>D7945</b>	osteotomy – body of mandible	Oral Surgery	<i>This procedure is a benefit only with orthodontic coverage. Payment will be applied to the patient's orthodontic lifetime maximum.</i>
<b>D7951</b>	sinus augmentation with bone or bone substitutes via a lateral open approach	Oral Surgery	Benefit is limited to once per tooth per lifetime.
<b>D7952</b>	sinus augmentation via a vertical approach	Oral Surgery	Benefit is limited to once per tooth per lifetime.
<b>D7953</b>	bone replacement graft for ridge preservation – per site	Oral Surgery	Benefit is limited to once per tooth per lifetime.
<b>D8660</b>	pre-orthodontic treatment examination to monitor growth and development	Orthodontics	Benefit is based on professional determination.
<b>D8680</b>	orthodontic retention (removal of appliances, construction and placement of retainer(s))	Orthodontics	Benefit is based on professional determination.
<b>D8681</b>	removable orthodontic retainer adjustment	Orthodontics	Benefit is based on professional determination.
<b>D8696</b>	repair of orthodontic appliance – maxillary	Orthodontics	Benefit is based on professional determination.
<b>D8697</b>	repair of orthodontic appliance – mandibular	Orthodontics	Benefit is based on professional determination.
<b>D8698</b>	re-cement or re-bond fixed retainer – maxillary	Orthodontics	Benefit is based on professional determination.
<b>D8699</b>	re-cement or re-bond fixed retainer – mandibular	Orthodontics	Benefit is based on professional determination.
<b>D8702</b>	repair of fixed retainer, includes reattachment – mandibular	Orthodontics	Benefit is based on professional determination.
<b>D9120</b>	fixed partial denture sectioning	Prosthodontics	Benefit is based on professional determination.
<b>D9215</b>	local anesthesia in conjunction with operative or surgical procedures	Oral Surgery	Benefit is limited to once per service date.
<b>D9610</b>	therapeutic parenteral drug, single administration	Oral Surgery	Benefit is limited to one injection per date of service.
<b>D9612</b>	therapeutic parenteral drugs, two or more administrations, different medications	Oral Surgery	Benefit is limited to one injection per date of service.
<b>D9920</b>	behavior management, by report	Diagnostic	Benefit is limited to twice within a calendar year.
<b>D9951</b>	occlusal adjustment – limited	Non-Surgical Periodontics	Benefit is limited to once per quadrant within a 5 year period.

<b>D9995</b>	teledentistry – synchronous; real-time encounter	Adjunctive	<i>The fees for teledentistry - synchronous are considered inclusive in overall patient management. A separate fee may not be charged to the patient.</i>
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